Case 18-03282-hb Doc 1 Filed 06/28/18 Entered 06/28/18 15:35:25 Desc Main Document Page 1 of 54

Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
DISTRICT OF SOUTH CAROLINA		
Case number (if known)	Chapter you are filing under:	
	☐ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	■ Chapter 13	☐ Check if this ar amended filing

## Official Form 101

## **Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Identify Yours	self	
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that your government-is picture identification example, your drive license or passport Bring your picture identification to you meeting with the true.	First name  first name  Angela  Middle name  Whittle	First name  Middle name  Last name and Suffix (Sr., Jr., II, III)
2.	All other names you used in the last 8 your marrie maiden names.	/ears FKA Vestel Whittle Freshour	
3.	Only the last 4 dig your Social Securi number or federal Individual Taxpayo Identification num (ITIN)	ty xxx-xx-5102 er	

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Case number (if known)

Debtor 1 Vestel Angela Whittle

About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): Any business names and **Employer Identification** Numbers (EIN) you have I have not used any business name or EINs. ☐ I have not used any business name or EINs. used in the last 8 years Include trade names and Business name(s) Business name(s) doing business as names EINs EINs Where you live If Debtor 2 lives at a different address: 2874 Pine Log Road Warrenville, SC 29851 Number, Street, City, State & ZIP Code Number, Street, City, State & ZIP Code Aiken County County If your mailing address is different from the one If Debtor 2's mailing address is different from yours, fill it above, fill it in here. Note that the court will send any in here. Note that the court will send any notices to this notices to you at this mailing address. mailing address. Number, P.O. Box, Street, City, State & ZIP Code Number, P.O. Box, Street, City, State & ZIP Code Why you are choosing Check one: Check one: this district to file for bankruptcy Over the last 180 days before filing this petition, I Over the last 180 days before filing this petition, have lived in this district longer than in any other I have lived in this district longer than in any district. other district. I have another reason. I have another reason. Explain. (See 28 U.S.C. § 1408.) Explain. (See 28 U.S.C. § 1408.)

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Case number (if known) Debtor 1 Vestel Angela Whittle

⊃ar	t 2: Tell the Court About	Your B	Bankruptcy Ca	ase								
7.	The chapter of the Bankruptcy Code you are				n of each, see <i>Notice Required</i> of page 1 and check the appro	d by 11 U.S.C. § 342(b) for Individ priate box.	luals Filing for Bankruptcy					
	choosing to file under	□с	hapter 7									
		□с	hapter 11									
		□с	hapter 12									
		<b>■</b> C	Chapter 13									
3.	How you will pay the fee	•	about how yo	e entire fee when I file my petition. Please check with the clerk's office in your local court for more de ou may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or more attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check address.								
					stallments. If you choose this ofts (Official Form 103A).	option, sign and attach the Applic	ation for Individuals to Pay					
			but is not req applies to you	uired to, waive ur family size a	your fee, and may do so only and you are unable to pay the	option only if you are filing for Cha if your income is less than 150% ee in installments). If you choose Official Form 103B) and file it with	of the official poverty line that this option, you must fill out					
<b>)</b> .	Have you filed for	■ No										
	bankruptcy within the last 8 years?	□ Ye										
			District		When	Case number						
			District		When	Case number						
			District		When	Case number						
10.	Are any bankruptcy	■ No	0									
	cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	□ Ye	es.									
			Debtor			Relationship to	you					
			District		When	Case number, if	known					
			Debtor			Relationship to	you					
			District		When	Case number, if	known					
11.	Do you rent your	■ No	Go to I	ine 12.								
	residence?	□ Ye	<sub>es.</sub> Has yc	our landlord ob	tained an eviction judgment ag	gainst you?						
				No. Go to line	2 12.							
				Yes. Fill out It this bankrupte		tion Judgment Against You (Form	101A) and file it as part of					

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Debtor 1	Vestel Angela Whittle	Document	Case number (if known)	

Par	t 3: Report About Any Bu	sinesses `	You Own	as a Sole Propriet	tor							
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to	Go to Part 4.								
		☐ Yes.	Name	and location of bus	iness							
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name	of business, if any								
	If you have more than one sole proprietorship, use a		Numb	er, Street, City, Stat	e & ZIP Code							
	separate sheet and attach it to this petition.		Check	k the appropriate bo	x to describe your business:							
				Health Care Busin	ness (as defined in 11 U.S.C. § 101(27A))							
				Single Asset Real	Estate (as defined in 11 U.S.C. § 101(51B))							
				Stockbroker (as de	efined in 11 U.S.C. § 101(53A))							
				Commodity Broke	r (as defined in 11 U.S.C. § 101(6))							
				None of the above								
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadlines operation	e filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate as. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement on s, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedur S.C. 1116(1)(B).									
	For a definition of small	No.	■ No. I am not filing under Chapter 11.									
	business debtor, see 11 U.S.C. § 101(51D).	□ No.		I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.								
		☐ Yes.	I am f	ling under Chapter	11 and I am a small business debtor according to the definition in the Bankruptcy C	ode.						
Par	t 4: Report if You Own or	Have Any	Hazardo	us Property or An	y Property That Needs Immediate Attention							
14.	Do you own or have any	■ No.										
	property that poses or is alleged to pose a threat of imminent and	☐ Yes.	What is	the hazard?								
	identifiable hazard to public health or safety? Or do you own any	safety? any		iate attention is								
	property that needs immediate attention?			why is it needed?								
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?			the property?	Number Street City State & Zin Code							
				Number, Street, City, State & Zip Code								

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Debtor 1 Vestel Angela Whittle

Case number (if known)

Part 5:

### Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Document Page 6 of 54 Case number (if known) Debtor 1 **Vestel Angela Whittle** Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an you have? individual primarily for a personal, family, or household purpose." ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses ☐ Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses □ No are paid that funds will ☐ Yes be available for distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5001-10.000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 **200-999** 19. How much do you **\$0 - \$50,000** □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your assets to **□** \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** ☐ More than \$50 billion □ \$100,000,001 - \$500 million □ \$500.001 - \$1 million 20. How much do you □ \$0 - \$50,000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your liabilities □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ■ More than \$50 billion □ \$500,001 - \$1 million Sign Below Part 7: For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Vestel Angela Whittle Signature of Debtor 2 Vestel Angela Whittle

Executed on

MM / DD / YYYY

Signature of Debtor 1

Executed on June 28, 2018

MM / DD / YYYY

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Debtor 1 Vestel Angela Whittle Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Joseph E. Mitchell, III	Date	June 28, 2018
Signature of Attorney for Debtor		MM / DD / YYYY
Land F Mind III		
Joseph E. Mitchell, III		
Printed name		
Joseph E. Mitchell, III, P.C.		
Firm name		
Post Office Box 2504		
Augusta, GA 30903-2504		
Number, Street, City, State & ZIP Code		
Contact phone <b>706-826-1808</b>	Email address	mitchellje@bellsouth.net
6115 SC		
Bar number & State		

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		Docum	ent Page 8 of 54	
Fill in this inform	nation to identify your	case:		
Debtor 1	Vestel Angela Wh	nittle		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	nkruptcy Court for the:	DISTRICT OF SOUTH	CAROLINA	
Case number				
(if known)				Check if this is an
				amended filing

## Official Form 106Sum

## Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

		Your as Value o	ssets of what you own
1.	Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B	\$	147,223.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	18,149.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	165,372.00
Par	t 2: Summarize Your Liabilities		
			<b>abilities</b> t you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	149,567.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	12,808.00
	Your total liabilities	\$	162,375.00
Par	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	4,864.10
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	3,738.74
⊃aı	4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ır other sch	nedules.
	■ Yes		

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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Case number (if known) Document

Debtor 1 Vestel Angela Whittle

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form	C 070 00
122A-1 Line 11; <b>OR</b> , Form 122B Line 11; <b>OR</b> , Form 122C-1 Line 14.	6,979.22

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total cla	im
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	8,208.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	8,208.00

	Case 1	8-03282-I	nb Doc 1			5/28/1			1 06/28	3/18 1	.5:3	5:25 I	Des	c Main
Fill in tl	his information	on to identify	your case and th		:ume	<del>5</del> 111	Pat	ie 10 o	1.54					
					9.									
Debtor		/estel Angel irst Name	Middle	Name			Last Na	ame			_			
Debtor 2 (Spouse, i		irst Name	Middle	Name			Last Na	ame			_			
United S	States Bankru	ptcy Court for	the: DISTRICT	OF SOI	UTH C	AROLIN	NA				_			
Case nı	umber						_							Check if this is an amended filing
Sch n each c hink it fir nformati	edule /	ately list and de complete and a ice is needed, a	operty	e. If two	marrie	ed people	e are fili	ng togethe	er, both are	equally	respo	nsible for s	supply	
			ilding, Land, or Oth	ner Real	l Estate	You Ov	wn or Ha	ave an Inte	rest In					
■ Yes	. Go to Part 2. s. Where is the  874 Pine Log eet address, if avai		cription	What	Sing	property le-family hex or mul	home	all that apply	/	the ar	mount (	of any secur	ed clai	or exemptions. Put ms on <i>Schedule D</i> :
War City	arrenville	<b>SC</b>	<b>29851-0000</b> ZIP Code		Cond Manu	dominium ufactured stment pro	l or mobi			Curre	ent valu	ue of the	Cı	arrent value of the rtion you own?
				□ □ Who	Othe			property?	Check one	(such a life	as fee	e simple, te e), if known.	nancy	ownership interest by the entireties, or
Ai	iken				Debt	or 2 only				-				
Соц	unty			prop	At lear er informerty ide	mation ye entificati	of the del you wish ion num	otors and a to add ab ber:	nother out this ite	ப <sub>்</sub> ள, such	see inst as loc	ructions)	mmun	ity property
				deb Tax	tor's ID #0	residei )52-12-	nce; p -03-004	roperty 4	purchas	ed 10/0	01/20	01;		
2. <b>Add</b>			rtion you own for				from Pa	art 1, incl	uding any	entries	s for			\$147,223.00

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Part 2: Describe Your Vehicles

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Case number (if known) Document **Vestel Angela Whittle** Debtor 1 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles ☐ No Yes Do not deduct secured claims or exemptions. Put Nissan Make: Who has an interest in the property? Check one the amount of any secured claims on Schedule D: Rogue SL 2WD Model: Debtor 1 only Creditors Who Have Claims Secured by Property. Year: 2017 Debtor 2 only Current value of the Current value of the Approximate mileage: entire property? portion you own? Debtor 1 and Debtor 2 only Other information: At least one of the debtors and another 1/2 interest w/Debtor's Father; \$25,000.00 \$12,500.00 vehicle purchased 03/2017 ☐ Check if this is community property (see instructions) Do not deduct secured claims or exemptions. Put Ford 3.2 Make: Who has an interest in the property? Check one the amount of any secured claims on Schedule D: **Explorer XL** Model: ■ Debtor 1 only Creditors Who Have Claims Secured by Property. 1998 Year: Debtor 2 only Current value of the Current value of the 186,000 Approximate mileage: Debtor 1 and Debtor 2 only entire property? portion you own? Other information: ☐ At least one of the debtors and another \$1,000.00 \$1,000.00 ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No □ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$13,500.00 pages you have attached for Part 2. Write that number here...... Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware □ No Yes. Describe..... household goods: Refrigerator; Stove; Dryer; Washer; Dining \$1,100.00 Room Furn; Bedroom Furn; Air Conditioner 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ☐ No

## 8. Collectibles of value

Yes. Describe.....

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

■ No

Television; VCR/DVD

\$410.00

	Case 18-0	3282-HD D		u 06/28/16 ument	Page 12 o	1 00/28/18 15. f 5 <i>1</i>	35.25	Desc Main
Debtor	1 Vestel Ange	la Whittle		union		Case number (ii	f known)	
ΠY	es. Describe							
Exa ■ N	musical instr lo	ographic, exercise,	and other hobb	y equipment; b	icycles, pool tab	oles, golf clubs, skis;	canoes and	kayaks; carpentry tools;
ЦΥ	es. Describe							
	amples: Pistols, rifle	s, shotguns, ammu	unition, and rela	ted equipment				
	<i>amples:</i> Everyday cl	othes, furs, leather	r coats, designe	r wear, shoes,	accessories			
_ '	co. Decombe							*
		Clothing						\$50.00
	amples: Everyday je	welry, costume jev	welry, engageme	ent rings, wedd	ing rings, heirloo	om jewelry, watches,	gems, gold,	silver
		Jewelry						\$50.00
Ex ■ N □ Y 14. An □ N □ Y	'es. Describe y other personal ar lo 'es. Give specific in	nd household item formation  of all of your entr	ries from Part 3	, including an	y entries for pa	alth aids you did no		\$1,610.00
fc	or Part 3. Write that	number here					_	φ1,010.00
Part 4:	Describe Your Finar	ncial Assets						
	u own or have any ∣		interest in any	of the followi	ng?			Current value of the portion you own? Do not deduct secured claims or exemptions.
	amples: Money you	•				nand when you file yo	our petition	
						Cash		\$700.00
						Casii		φ/00.00
	institutions.	savings, or other fir . If you have multip					kerage hous	ses, and other similar
<b>■</b> √	′00			Institution na	ame:			

Official Form 106A/B Schedule A/B: Property page 3

■ Yes.....

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Case number (if known) Document Debtor 1 **Vestel Angela Whittle Regions Bank** \$14.00 17.1. Checking **SRP Federal Credit Union** \$0.00 17.2. Checking **SRP Federal Credit Union** \$0.00 Savings 17.3. 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ■ No ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans □ No Yes. List each account separately. Type of account: Institution name: 403(b) **University Health Services** \$2.325.00 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Institution name or individual: ☐ Yes. ..... 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). No ☐ Yes..... Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ■ No ☐ Yes. Give specific information about them...

Schedule A/B: Property

Official Form 106A/B

☐ Yes. Give specific information about them...

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

Vestel Angela Whittle	Document	Page 14 of 54	ber (if known)
	neral intangibles		
		on holdings, liquor licenses, profe	ssional licenses
Give specific information abo	ut them		
·	ut triem		
property owed to you?			Current value of the portion you own? Do not deduct secured claims or exemptions.
funds owed to you			
Give specific information abou	ut them, including whether you alr	eady filed the returns and the tax	years
ples: Past due or lump sum ali	mony, spousal support, child supp	port, maintenance, divorce settlen	nent, property settlement
ples: Unpaid wages, disability i benefits; unpaid loans yo	insurance payments, disability be	nefits, sick pay, vacation pay, wo	orkers' compensation, Social Security
Give specific information			
<i>ple</i> s: Health, disability, or life ir		(HSA); credit, homeowner's, or re	enter's insurance
		Beneficiary:	Surrender or refund
Compai	ny name.	Beneficiary.	value:
Univer	sity Health Services; term p	oolicy Spouse	\$0.00
are the beneficiary of a living to			entitled to receive property because
Give specific information			
			ent
Describe each claim			
contingent and unliquidated	claims of every nature, including	ng counterclaims of the debtor	and rights to set off claims
Describe each claim			
	Cause of action to enforc	e divorce decree	Unknown
	cause of action to invalid	ate debt to Walden Universi	ty Unknown
nancial assets you did not al	ready list		
	give specific information about property owed to you?  Funds owed to you  Give specific information about graphes: Past due or lump sum aliant benefits; unpaid loans you be specific information  The amounts someone owes you be supples: Health, disability, or life in the ples: Health, disability in	Vestel Angela Whittle  ses, franchises, and other general intangibles poles: Building permits, exclusive licenses, cooperative association Give specific information about them  property owed to you?  difunds owed to you  Give specific information about them, including whether you also also also also also also also also	Vestel Angela Whittle  Case num  Sess, franchises, and other general intangibles  poles: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, profe  Give specific information about them  Property owed to you  Give specific information about them, including whether you already filed the returns and the tax  y support  poles: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlen  Give specific information  amounts someone owes you  poles: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, wo benefits; unpaid loans you made to someone else  Give specific information  sts in insurance policies  poles: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or re  Name the insurance company of each policy and list its value.  Company name:  Beneficiary:  University Health Services; term policy  Spouse  Interest in property that is due you from someone who has died  are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently one has died.  Give specific information  Give specific information  Sa against third parties, whether or not you have filed a lawsuit or made a demand for paym  poles: Accidents, employment disputes, insurance claims, or rights to sue  Describe each claim  Cause of action to enforce divorce decree  [Cause of action to invalidate debt to Walden University and action to the control of the debtor cause of action to invalidate debt to Walden University and action to the control of the debtor cause of action to invalidate debt to Walden Univ

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Official Form 106A/B Schedule A/B: Property page 5

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Case number (if known) Document Debtor 1 **Vestel Angela Whittle** 36 Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$3,039.00 for Part 4. Write that number here..... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Describe All Property You Own or Have an Interest in That You Did Not List Above Part 7: 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership No ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here ...... \$0.00 List the Totals of Each Part of this Form Part 8: 55. Part 1: Total real estate, line 2 \$147,223.00 56. Part 2: Total vehicles, line 5 \$13,500.00 Part 3: Total personal and household items, line 15 57. \$1,610.00

\$3,039.00

\$18,149.00

\$0.00

\$0.00

\$0.00

Copy personal property total

63. Total of all property on Schedule A/B. Add line 55 + line 62

Total personal property. Add lines 56 through 61...

Part 6: Total farm- and fishing-related property, line 52

58. Part 4: Total financial assets, line 36

60.

61.

59. Part 5: Total business-related property, line 45

Part 7: Total other property not listed, line 54

\$165,372.00

\$18,149.00

Official Form 106A/B Schedule A/B: Property page 6 Case 18-03282-hb Doc 1 Filed 06/28/18 Entered 06/28/18 15:35:25 Desc Main

Fill in this infor	rmation to identify your	case:	111 171111 17111 171	
Debtor 1	•			
Depioi I	Vestel Angela What First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	DISTRICT OF SOUTH (	CAROLINA	
Casa numbar				
Case number (if known)				

## Official Form 106C

## Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

1.	Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
	■ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
	☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
2.	For any property you list on Schedule A/B that you claim as exempt, fill in the information below.
	Delet description of the assessment and line as Comment value of the Assessment of t

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	,		Specific laws that allow exemption	
	Copy the value from Schedule A/B	Che	eck only one box for each exemption.		
2874 Pine Log Road Warrenville, SC 29851 Aiken County Joint w/Former Spouse (awarded to Debtor) debtor's residence; property	\$147,223.00		\$52,400.00  100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(1)(a)	
purchased 10/01/2001; Tax ID #052-12-03-004 Line from <i>Schedule A/B</i> : 1.1					
2017 Nissan Rogue SL 2WD 1/2 interest w/Debtor's Father; vehicle purchased 03/2017 Line from <i>Schedule A/B</i> : 3.1	\$12,500.00		\$2,500.00	S.C. Code Ann. § 15-41-30(A)(7) from	
			100% of fair market value, up to any applicable statutory limit	homestead (A)(1)	
1998 Ford Explorer XL 186,000 miles Line from Schedule A/B: 3.2	\$1,000.00		\$1,000.00	S.C. Code Ann. § 15-41-30(A)(2)	
Ello IIolii osiloddio 102. e.E			100% of fair market value, up to any applicable statutory limit	ν,,	
household goods: Refrigerator; Stove; Dryer; Washer; Dining Room	\$1,100.00	•	\$1,100.00	S.C. Code Ann. § 15-41-30(A)(3)	
Furn; Bedroom Furn; Air Conditioner Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit	10 41 00(1)(0)	

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De	eptor 1 vestel Angela whittle			Case number (if known)	
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Che	ck only one box for each exemption.	
	Television; VCR/DVD Line from Schedule A/B: 7.1	\$410.00		\$410.00	S.C. Code Ann. § 15-41-30(A)(3)
				100% of fair market value, up to any applicable statutory limit	. , , ,
	Clothing Line from Schedule A/B: 11.1	\$50.00		\$50.00	S.C. Code Ann. § 15-41-30(A)(3)
				100% of fair market value, up to any applicable statutory limit	( , , ,
	Jewelry Line from Schedule A/B: 12.1	\$50.00		\$50.00	S.C. Code Ann. § 15-41-30(A)(4)
				100% of fair market value, up to any applicable statutory limit	
	Cash Line from Schedule A/B: 16.1	\$700.00		\$700.00	S.C. Code Ann. § 15-41-30(A)(5) from
				100% of fair market value, up to any applicable statutory limit	homestead (A)(1)
	Checking: Regions Bank Line from Schedule A/B: 17.1	\$14.00		\$14.00	S.C. Code Ann. § 15-41-30(A)(7) from
				100% of fair market value, up to any applicable statutory limit	homestead (A)(1)
	403(b): University Health Services Line from Schedule A/B: 21.1	\$2,325.00		100%	S.C. Code Ann. § 15-41-30(A)(14)
				100% of fair market value, up to any applicable statutory limit	
	University Health Services; term policy	\$0.00		100%	S.C. Code Ann. § 15-41-30(A)(8)
	Beneficiary: Spouse Line from Schedule A/B: 31.1			100% of fair market value, up to any applicable statutory limit	10 41 00(11)(0)
	Cause of action to enforce divorce decree	Unknown		\$2,500.00	S.C. Code Ann. § 15-41-30(A)(7) from
	Line from Schedule A/B: 34.1			100% of fair market value, up to any applicable statutory limit	homestead (A)(1)
3.	Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every			led on or after the date of adjustmen	ıt.)
	■ No				
	Yes. Did you acquire the property cover	ed by the exemption wi	ithin 1	,215 days before you filed this case?	?
	□ No				
	☐ Yes				

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		Document	Page 18	01.54		
Fill in this information to idea	ntify your	case:				
Debtor 1 Vestel A	ngela Wh	nittle				
First Name		Middle Name	Last Name			
Debtor 2						
(Spouse if, filing) First Name		Middle Name	Last Name			
United States Bankruptcy Cour	rt for the:	DISTRICT OF SOUTH CAROLII	NA			
Case number						Marke territoria
(if known)					_	if this is an
					amend	ed filing
Official Form 106D						
	!! <b></b> \	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		l lass Dagas and		
Schedule D: Cred	litors	Who Have Claims S	secured	by Propert	У	12/15
		two married people are filing togethe it, number the entries, and attach it to				
1. Do any creditors have claims se	ecured by y	our property?				
☐ No. Check this box and	submit this	s form to the court with your other s	schedules. Yo	ou have nothing else t	o report on this form.	
Yes. Fill in all of the info	rmation he	alow		-		
		SIOW.				
Part 1: List All Secured Cl				Column A	Column B	Column C
for each claim. If more than one cr	editor has a	ore than one secured claim, list the cred particular claim, list the other creditors I order according to the creditor's name	in Part 2. As	Amount of claim Do not deduct the	Value of collateral that supports this	Unsecured portion
2.1 Auto Money		Describe the property that secures the	e claim:	value of collateral. <b>\$400.00</b>	claim \$1,000.00	If any <b>\$0.00</b>
Creditor's Name		1998 Ford Explorer XL 186,00		Ψ-00.00	Ψ1,000.00	Ψ0.00
		1990 I OIU Explorer AE 100,00	JU IIIIIES			
1504 Richland Avenu		As of the date you file, the claim is: Capply.	heck all that			
Aiken, SC 29801		☐ Contingent				
Number, Street, City, State & Zip		☐ Unliquidated				
		☐ Disputed				
Who owes the debt? Check one	e. <b>I</b>	Nature of lien. Check all that apply.				
Debtor 1 only	[	$\square$ An agreement you made (such as m	ortgage or sec	ured		
Debtor 2 only		car loan)				
Debtor 1 and Debtor 2 only	I	$\square$ Statutory lien (such as tax lien, mech	nanic's lien)			
☐ At least one of the debtors and	another <b>I</b>	☐ Judgment lien from a lawsuit				
☐ Check if this claim relates to	a l	Other (including a right to offset)	Non-Purch	ase Money Securi	ty	
community debt						
Date debt was incurred		Last 4 digits of account number	er			
2.2 Mr Cooper	1	Describe the property that secures th	ne claim:	\$120,167.00	\$147,223.00	\$0.00
Creditor's Name	- 2	2874 Pine Log Road Warrenv	rille, SC			
		29851 Aiken County				
		Joint w/Former Spouse (awa	rded to			
	<b>I</b>	Debtor)				
	١.	debtor's residence; property purchased 10/01/2001;				
FKA Nationstar Mort	yaye  :	Tax ID #052-12-03-004				
8950 Cypress Waters Blvd	š L	As of the date you file, the claim is: C	heck all that			
Coppell, TX 75019		apply.				
Number, Street, City, State & Zip		Contingent				
number, Street, City, State & ZIP		☐ Unliquidated ☐ Disputed				
Who owes the debt? Check one		Nature of lien. Check all that apply.				
Debtor 1 only		☐ An agreement you made (such as m	ortgage or sec	ured		
Debtor 2 only	•	car loan)	.5.19495 01 560	u. u.		
Debtor 1 and Debtor 2 only	I	☐ Statutory lien (such as tax lien, mech	nanic's lien)			
At least one of the debtors and		☐ Judgment lien from a lawsuit	,			

Official Form 106D

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Debt	or 1 Vestel Angela Whittle			Ca	se number (if know)		
	First Name Middle N	ame Last Name					
	heck if this claim relates to a community debt	Other (including a right to offset)	Mortg	age			
Date	debt was incurred	Last 4 digits of account num	nber 5	729			
2.3	Santander Consumer USA	Describe the property that secures	the claim	<u>:</u>	\$29,000.00	\$25,000.00	\$4,000.00
	ATTN Bankruptcy Dept PO Box 961245	2017 Nissan Rogue SL 2WE 1/2 interest w/Debtor's Fath vehicle purchased 03/2017 As of the date you file, the claim is:	er;	nat			
	Fort Worth, TX 76161-1245	apply.  Contingent	onoon an i	.a.			
	Number, Street, City, State & Zip Code	☐ Unliquidated					
Who	owes the debt? Check one.	☐ Disputed  Nature of lien. Check all that apply.					
	ebtor 1 only ebtor 2 only	☐ An agreement you made (such as car loan)	mortgage	or secure	ed		
□ D	ebtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, me	echanic's I	en)			
A	t least one of the debtors and another	☐ Judgment lien from a lawsuit					
	heck if this claim relates to a community debt	Other (including a right to offset)	Secur	ty Agre	eement		
Date	debt was incurred	Last 4 digits of account num	nber				
Ad	d the dollar value of your entries in C	column A on this page. Write that nun	nber here		\$149,567.00	1	
	nis is the last page of your form, add ite that number here:	the dollar value totals from all pages			\$149,567.00		
Part	2: List Others to Be Notified for	or a Debt That You Already Listed	ŀ				
trying than	g to collect from you for a debt you o	e notified about your bankruptcy for owe to someone else, list the creditor t you listed in Part 1, list the addition is page.	in Part 1,	and then	list the collection agency	here. Similarly, if yo	u have more
	Name, Number, Street, City, State & Mr Cooper	Zip Code	C	n which li	ine in Part 1 did you enter th	e creditor? _2.2_	
	C/O Finkel Law Firm PO Box 71727 North Charleston, SC 29415	5	L	ast 4 digit	s of account number		

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	0430 10 00202 110 00	Document	Page 20 of 54	.20 Bese Main
Fill in this	s information to identify your case:			
Debtor 1	Vestel Angela Whittle			
20210	First Name	Middle Name	Last Name	
Debtor 2	<u> </u>			
(Spouse if, fili	ing) First Name	Middle Name	Last Name	
United Sta	ates Bankruptcy Court for the: DIS	TRICT OF SOUTH CAF	ROLINA	
Case num	ber			
(if known)				☐ Check if this is an
				amended filing
Official	Form 106E/F			
	ule E/F: Creditors Who	Have Unsecure	ad Claims	12/15
			RITY claims and Part 2 for creditors with NONPR	
Schedule G Schedule D left. Attach t	: Executory Contracts and Unexpired L : Creditors Who Have Claims Secured b	eases (Official Form 106G by Property. If more space	so list executory contracts on Schedule A/B: Pro b). Do not include any creditors with partially sec is needed, copy the Part you need, fill it out, nur report in a Part, do not file that Part. On the top	ured claims that are listed in mber the entries in the boxes on the
Part 1:	List All of Your PRIORITY Unsecu	red Claims		
1. Do any	creditors have priority unsecured claim	ns against you?		
■ No.	Go to Part 2.			
☐ Yes	i.			
Part 2:	List All of Your NONPRIORITY Un	secured Claims		
3. Do any	creditors have nonpriority unsecured	claims against you?		
□ No.	You have nothing to report in this part. Su	bmit this form to the court v	vith your other schedules.	
Yes	i.			
unsecu	red claim, list the creditor separately for ea	ach claim. For each claim lis	of the creditor who holds each claim. If a creditor hasted, identify what type of claim it is. Do not list claim ou have more than three nonpriority unsecured claim	ns already included in Part 1. If more
				Total claim
4.1 <b>In</b>	ternal Revenue Service	Last 4 digits of	account number	\$1,100.00
	onpriority Creditor's Name			
	entralized Insolvency Operatio O Box 7346	ns When was the d	lebt incurred?	
	hiladelphia, PA 19101-7346	As of the date w	au file the claim in Charle all that apply	
	umber Street City State Zlp Code  ho incurred the debt? Check one.	As of the date y	ou file, the claim is: Check all that apply	
	Debtor 1 only	Пол		
	•	☐ Contingent		
	Debtor 2 only	Unliquidated		
_	Debtor 1 and Debtor 2 only	Disputed	IORITY unsecured claim:	
	At least one of the debtors and another	П.		
	Check if this claim is for a community	,	rising out of a separation agreement or divorce that	you did not
	the claim subject to offset?	report as priority		you and not
	I <sub>No</sub>	☐ Debts to pens	sion or profit-sharing plans, and other similar debts	
	l Yes	Other. Specif	y income tax - 2013 TaxYear	

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Debtor 1 Vestel Angela Whittle Case number (if know) 4.2 \$3,500.00 Jessey Lee Freshour Last 4 digits of account number Nonpriority Creditor's Name 348 Hankins Dr When was the debt incurred? Apt 6 Marion, NC 28752 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ☐ Unliquidated Debtor 2 only ☐ Debtor 1 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Potential Claim (disputed) Other. Specify 4.3 **Nelnet Loan Services** Last 4 digits of account number 7386 \$8,207.00 Nonpriority Creditor's Name P O Box 2970 When was the debt incurred? Omaha, NE 68103 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify **Student Loan** 4.4 SC Dept of Revenue Last 4 digits of account number \$0.00 Nonpriority Creditor's Name PO Box 125 When was the debt incurred? Columbia, SC 29214 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim:  $\square$  At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify notice

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4.5 <b>V</b>	Valden University		Last 4 digits of accou	int number	
Debtor 1	Vestel Angela Whittle			Page 22 of 54 Case number (if know)	
	Case 10-03202-110	DOC 1		Dogo 22 of E4	5.25 Dest Mail

Walden University	Last 4 digits of account number	\$1.0
Nonpriority Creditor's Name		
100 S Washington Ave #900,	When was the debt incurred?	
Minneapolis,		
Ste 900		
Minneapolis, MN 55401	_	
Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	Student loans	
debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	
No	☐ Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	Other. Specify	
	Potential Claim (disputed)	

### Part 3: List Others to Be Notified About a Debt That You Already Listed

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Т	otal Claim
	6a.	Domestic support obligations	6a.	\$	0.00
Total claims					
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	0.00
				Т	otal Claim
	6f.	Student loans	6f.	\$	8,208.00
Total claims					
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	<b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	4,600.00
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	12,808.00

<sup>5.</sup> Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

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		1700.111115	III FAUE / 3 UL 34	
Fill in this infor	rmation to identify your	case:		
Debtor 1	Vestel Angela Wi	hittle		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States B	ankruptcy Court for the:	DISTRICT OF SOUTH (	CAROLINA	
Case number				
(II KIIOWII)				

## Official Form 106G

## Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company wit	h whom you have the er, Street, City, State and ZIP C	contract or lease	State what the contract or lease is for
2.1					
	Name				_
	Number	Street			
	City		State	ZIP Code	
2.2					
	Name				
	Number	Street			_
	City		State	ZIP Code	<del>_</del>
2.3					
	Name				_
	Number	Street			
	City		State	ZIP Code	_
2.4	•				
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.5					
	Name				_
	Number	Street			_
	City		State	ZIP Code	

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		Documen	t Page 24 of 54	
Fill in th	is information to identify your	case:		
Debtor 1	Vestel Angela Wh	oittle		
Debier 1	First Name	Middle Name	Last Name	
Debtor 2	2			
(Spouse if,	filing) First Name	Middle Name	Last Name	
United S	States Bankruptcy Court for the:	DISTRICT OF SOUTH CA	ROLINA	
Case nu	mber			
(if known)				☐ Check if this is an
				amended filing
Offici	al Form 106H			
		abtera		
<u>scne</u>	dule H: Your Cod	eptors		12/15
1. D  N Y  2. W Ariz N Y  3. In C in li Forr	Vithin the last 8 years, have you ona, California, Idaho, Louisiana, lo. Go to line 3.  Yes. Did your spouse, former spourolumn 1, list all of your codebtine 2 again as a codebtor only i	you are filing a joint case, do  I lived in a community prop Nevada, New Mexico, Puer  use, or legal equivalent live wors. Do not include your set that person is a guaranto	perty state or territory? (Common to Rico, Texas, Washington, and with you at the time?  Douse as a codebtor if your spror cosigner. Make sure you	nunity property states and territories include
	Column 1: Your codebtor Name, Number, Street, City, State and Zl	P Code		nn 2: <b>The creditor to whom you owe the debt</b> k all schedules that apply:
3.1	Ernest Whittle 208 Laurel Drive Graniteville, SC 29829		■ Sc □ Sc □ Sc	chedule D, linechedule E/F, linechedule G ander Consumer USA
3.2	Jessey Lee Freshour 348 Hankins Dr Apt 6 Marion, NC 28752		□ Sc □ Sc	chedule D, linechedule E/F, linechedule G

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Fill	in this information to identify your	case:					
Del	btor 1 Vestel Ange	ela Whittle					
	btor 2 puse, if filing)						
Uni	ited States Bankruptcy Court for the	e: DISTRICT OF SOUTH	H CAROLINA				
	se number 		-	□ A		d filing nt showing postpetition c as of the following date:	hapter
0	fficial Form 106I			N	1M / DD/ Y	<del>YYY</del>	
S	chedule I: Your Inc	ome					12/1
sup spo atta	as complete and accurate as posplying correct information. If you use. If you are separated and yo ch a separate sheet to this form.  Describe Employment	i are married and not filli ur spouse is not filing wi On the top of any additi	ng jointly, and your spouse is livith you, do not include informati	ving with	you, inclu your spo	ide information about youse. If more space is no	our eeded,
1.	Fill in your employment information.		Debtor 1		Debtor 2	or non-filing spouse	
	If you have more than one job,	Employment status	■ Employed		☐ Emplo	yed	
	attach a separate page with information about additional	Employment status	☐ Not employed		■ Not er	nployed	
	employers.	Occupation	RN				
	Include part-time, seasonal, or self-employed work.	Employer's name	University Health Services	s, Inc			
	Occupation may include student or homemaker, if it applies.	Employer's address	1350 Walton Way Augusta, GA 30901				
		How long employed to	here? 7 months		_		
Pai	rt 2: Give Details About Mo	nthly Income					
	mate monthly income as of the cuse unless you are separated.	date you file this form. If	you have nothing to report for any	line, write	\$0 in the	space. Include your non-	filing
	ou or your non-filing spouse have me space, attach a separate sheet to		ombine the information for all empl	loyers for	that persor	n on the lines below. If yo	ou need
				For Del	otor 1	For Debtor 2 or non-filing spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly,			6	,469.26	\$	

Official Form 106I Schedule I: Your Income page 1

0.00

6,469.26

+\$

0.00

0.00

Estimate and list monthly overtime pay.

Calculate gross Income. Add line 2 + line 3.

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Deb	tor 1	Vestel Angela Whittle	-	C	Case number (if known)				
	Сор	by line 4 here	4.		For Debtor 1 \$ 6,469.26		r Debtor n-filing s		
5.	List	all payroll deductions:							
	5a. 5b. 5c. 5d. 5e. 5f. 5g. 5h.	Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans Voluntary contributions for retirement plans Required repayments of retirement fund loans Insurance Domestic support obligations Union dues Other deductions. Specify:	5a 5b 5c 5d 5e 5f. 5g	). :. l. ).	\$ 1,128.18 \$ 64.68 \$ 388.05 \$ 0.00 \$ 724.25 \$ 0.00 \$ 0.00 \$ 0.00	\$		0.00 0.00 0.00 0.00 0.00 0.00 0.00	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$ 2,305.16	\$		0.00	
7.	Cald	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$ 4,164.10	\$		0.00	
8.	8b. 8c. 8d. 8e. 8f. 8g. 8h.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  Interest and dividends  Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  Unemployment compensation  Social Security  Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  Pension or retirement income  Other monthly income. Specify:	8c 8d 8e	). 	\$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		0.00 0.00 0.00 700.00 0.00 0.00 0.00	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.00	\$_		700.00	
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$_	4,164.10 + \$		700.00	= \$	4,864.10
11.	Inclu othe	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not acify:	depe		•				0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The rest that amount on the Summary of Schedules and Statistical Summary of Certain lies					e. 12.	\$	
13.	Do y	you expect an increase or decrease within the year after you file this form'	?					monthly	income
	<b>=</b>	Yes. Explain: Debtor's Spouse awaiting retroactive award from occur within 12 months.	So	cia	Security; No oth	er ch	nanges	anticipa	ted to

Official Form 106I Schedule I: Your Income page 2

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Fill in this infor	mation to identify yo	ur case:					
Debtor 1	Vestel Angel	a Whittle	•		Chec	k if this is:	
Debtor 2					_	An amended filing A supplement show	ving postpetition chapter
(Spouse, if filing)	)			_		13 expenses as of	
United States Ba	ankruptcy Court for the:	DISTRI	CT OF SOUTH CAROLINA	4	ī	MM / DD / YYYY	
Case number (If known)							
	Form 106J						
	le J: Your I			-			12/1
information. I		eded, atta	. If two married people and character is the state of the				
	scribe Your House	hold					
	joint case? o to line 2.						
	Does Debtor 2 live i	n a separ	ate household?				
	] No						
	Yes. Debtor 2 mus	t file Offic	al Form 106J-2, Expenses	for Separate House	ehold of Debt	or 2.	
2. Do you h	nave dependents?	□No					
Do not lis Debtor 2.	t Debtor 1 and	■ Yes.	Fill out this information for each dependent	Dependent's relation		Dependent's age	Does dependent live with you?
Do not sta	ate the						□ No
depender	nts names.			Child			Yes
							□ No □ Yes
							□ No
							☐ Yes
							□ No
3. Do your	ovnoncos includo	_					☐ Yes
	expenses include s of people other th	nan _	No				
yourself	and your depender	nts? □	Yes				
Part 2: Es	timate Your Ongoir	na Month	v Expenses				
Estimate your	r expenses as of yo of a date after the b	ur bankr	uptcy filing date unless y y is filed. If this is a supp	ou are using this followed and the lemental Schedule	orm as a sup J, check the	oplement in a Cha e box at the top o	pter 13 case to report f the form and fill in the
Include exper the value of s (Official Form	uch assistance and	on-cash d have ind	government assistance it cluded it on <i>Schedule I:</i> Y	you know Your Income		Your exp	enses
4. The renta	al or home owners	nip exper	ses for your residence. In	nclude first mortgage	e .		
	and any rent for the				4. \$		965.99
If not inc	luded in line 4:						
	al estate taxes				4a. \$		0.00
	operty, homeowner's				4b. \$		0.00
	me maintenance, re meowner's associati				4c. \$ 4d. \$		100.00 0.00
			our residence, such as ho	me equity loans	4u. 5 5. \$		0.00

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Debtor	Vestel A	ngela Whittle	Case num	ber (if known)	
6. <b>U</b>	tilities:				
-		heat, natural gas	6a.	\$	285.00
	•	ver, garbage collection	6b.	·	25.00
		e, cell phone, Internet, satellite, and cable services	6c.	·	400.00
	d. Other. Spe		6d.	·	0.00
		ekeeping supplies	7.	·	683.00
		hildren's education costs	7. 8.	\$	
_			o. 9.	·	0.00
		ry, and dry cleaning		\$	100.00
	•	roducts and services	10.		120.00
	ledical and der	•	11.	<b>&gt;</b>	160.00
		Include gas, maintenance, bus or train fare.	12.	\$	384.75
	o not include ca			·	
		clubs, recreation, newspapers, magazines, and books	13.	·	90.00
		ributions and religious donations	14.	<b>&gt;</b>	0.00
	nsurance.	annual deducted from the many of the body distributed to the con-			
		surance deducted from your pay or included in lines 4 or 20.	45:-	¢.	2.22
	5a. Life insura		15a.	·	0.00
	5b. Health ins		15b.	·	0.00
	5c. Vehicle ins		15c.	·	400.00
	5d. Other insu	· · ·	15d.	\$	0.00
		clude taxes deducted from your pay or included in lines 4 or 20.		<u> </u>	
S	pecify: Vehic	le Taxes	16.	\$	25.00
		ease payments:			
1	7a. Car payme	ents for Vehicle 1	17a.	\$	0.00
1	7b. Car payme	ents for Vehicle 2	17b.	\$	0.00
1	7c. Other. Spe	ecify:	17c.	\$	0.00
	7d. Other. Spe	•	17d.	\$	0.00
	•	of alimony, maintenance, and support that you did not report a		· ———	
		your pay on line 5, Schedule I, Your Income (Official Form 106I)		\$	0.00
		s you make to support others who do not live with you.	,-	\$	0.00
	pecify:	,	19.		
		erty expenses not included in lines 4 or 5 of this form or on Sci		our Income.	
		s on other property	20a.		0.00
	0b. Real estate		20b.	· ·	0.00
		nomeowner's, or renter's insurance	20c.	•	0.00
		ce, repair, and upkeep expenses	20d.		
			20d. 20e.		0.00
		er's association or condominium dues		·	0.00
. 0	ther: Specify:		21.	+\$	0.00
2 C	alculate vour r	monthly expenses			
	2a. Add lines 4	•		\$	3,738.74
		•	)	\$	3,730.74
		2 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	4	·	
2:	2c. Add line 22a	a and 22b. The result is your monthly expenses.		\$	3,738.74
3 6	alculate vour	monthly net income.			
	-	12 (your combined monthly income) from Schedule I.	23a.	¢	4 064 40
				·	4,864.10
2.	oo. Copy your	monthly expenses from line 22c above.	23b.	-\$	3,738.74
0	ا به مسلمان ک	our monthly ovnence from your reseathly in seven			
2		our monthly expenses from your monthly income.	23c.	\$	1,125.36
	rne result	is your monthly net income.	200.		.,
4 D	O VOU expect s	an increase or decrease in your expenses within the year after	vou file this	s form?	
		bu expect to finish paying for your car loan within the year or do you expect yo			or decrease because o
		terms of your mortgage?		,	
	No.				
	■ No. ] Yes.	Explain here:			
L	」 Yes.	EXPIRIT TICIE.			

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Fill in this infor	rmation to identify your	case:				
Debtor 1	Vestel Angela Wh	nittle				
<b>5</b>	First Name	Middle Name	Las	st Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Las	st Name		
United States Ba	ankruptcy Court for the:	DISTRICT OF SOUTH	CAROLINA			
Case number						
(if known)						☐ Check if this is an amended filing
Official For						
Declara	tion About a	ın Individual	Debt	or's Sched	lules	12/1
Sig	ın Below					
Did you pa	ay or agree to pay some	one who is NOT an attor	rney to help	you fill out bankrup	otcy forms?	
■ No						
☐ Yes.	Name of person					kruptcy Petition Preparer's Notice, , and Signature (Official Form 119
	alty of perjury, I declare re true and correct.	that I have read the sum	ımary and s	schedules filed with t	this declaratio	on and
X /s/ Ves	stel Angela Whittle		х			
Vestel	Angela Whittle ure of Debtor 1			Signature of Debtor	2	
Date	June 28, 2018			Date		

# 

Fill	in this inforn	nation to identify you	r case:				
	btor 1	Vestel Angela W					
	0.01	First Name	Middle Name	Last Name			
	btor 2 buse if, filing)	First Name	Middle Name	Last Name			
Uni	ited States Ba	nkruptcy Court for the:	DISTRICT OF SOUTH CA	AROLINA			
	se number _				_	theck if this is an mended filing	
Sta Be a info	as complete a	of Financial and accurate as possione space is needed,	attach a separate sheet to	re filing together, both are	eankruptcy equally responsible for sup		
		n). Answer every que: Details About Your Ma	stion. arital Status and Where You	Lived Before			
1.	What is you	r current marital statu	ıs?				
	■ Married □ Not mai	rried					
2.	During the la	ast 3 years, have you	lived anywhere other than	where you live now?			
	■ No □ Yes. Lis	st all of the places you l	ived in the last 3 years. Do no	ot include where you live now	ı.		
	Debtor 1 Pr	ior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Address:		Dates Debtor 2 lived there	
<b>3.</b> stat					ity property state or territory ico, Texas, Washington and W		
	■ No □ Yes. Ma	ake sure you fill out <i>Scl</i>	hedule H: Your Codebtors (Ol	ificial Form 106H).			
Pai	rt 2 Explai	in the Sources of You	r Income				
4.	Fill in the tota	al amount of income yo	nployment or from operating ureceived from all jobs and a have income that you receive	all businesses, including part		ndar years?	
	□ No ■ Yes. Fil	I in the details.					
			Debtor 1		Debtor 2		
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	
		of current year until d for bankruptcy:	■ Wages, commissions, bonuses, tips	\$38,096.00	☐ Wages, commissions, bonuses, tips		
			☐ Operating a business		☐ Operating a business		

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				5.14		5.1.		
				Debtor 1		Debtor 2		
				Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of inco		Gross income (before deductions and exclusions)
	r last caler inuary 1 to	ndar year: December	31, 2017 )	■ Wages, commissions, bonuses, tips	Unknown	☐ Wages, components bonuses, tips	missions,	
				☐ Operating a business		☐ Operating a b	ousiness	
		dar year be December		■ Wages, commissions, bonuses, tips	Unknown	☐ Wages, comi bonuses, tips	missions,	
				☐ Operating a business		Operating a b	ousiness	
5.	Include in and other winnings.  List each	come regard public bene If you are fil	dless of wheth fit payments; ing a joint cas the gross inco	e during this year or the two ner that income is taxable. Exa pensions; rental income; inter- se and you have income that y ome from each source separat	imples of other income are a est; dividends; money collectou received together, list it	alimony; child suppo cted from lawsuits; i only once under De	royalties; an btor 1.	
				Debtor 1		Debtor 2		
				Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of inco		Gross income (before deductions and exclusions)
Pa				Made Before You Filed for I				
<b>.</b>	□ No.	Neither D	ebtor 1 nor D	Debtor 2 has primarily consulting personal, family, or household	mer debts. Consumer deb	ts are defined in 11	U.S.C. § 10	11(8) as "incurred by an
		During the No.	90 days befo	ore you filed for bankruptcy, did	d you pay any creditor a tota	al of \$6,425* or mor	e?	
		☐ Yes	paid that cr not include	each creditor to whom you pair editor. Do not include paymen payments to an attorney for th t on 4/01/19 and every 3 years	ts for domestic support oblinis bankruptcy case.	gations, such as chi	ild support a	and alimony. Also, do
	Yes.	Debtor 1	or Debtor 2 o	or both have primarily consu	mer debts.			•
		□ <sub>No.</sub>	Go to line 7	·.				
		■ Yes	include pay	each creditor to whom you paid ments for domestic support ob this bankruptcy case.				
	Creditor	's Name an	d Address	Dates of payme	nt Total amount	Amount you still owe	Was this p	payment for
	ATTN B	der Consu ankruptcy 961245 orth, TX 76	/ Dept	\$750.00 per m		\$29,000.00	☐ Mortga	Card

Page 32 of 54 Document **Vestel Angela Whittle** ase number (*if known*) Debtor 1 Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. No Yes. List all payments to an insider. **Insider's Name and Address** Reason for this payment Dates of payment Total amount Amount you still owe paid Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments to an insider Amount you **Insider's Name and Address** Dates of payment **Total amount** Reason for this payment still owe Include creditor's name paid Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. П No Yes. Fill in the details. Case title Nature of the case Court or agency Status of the case Case number NationStar Mortgage v Vestel **Foreclosure Aiken County Court** Pending Freshour □ On appeal 2017CP0202963 □ Concluded 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. **Creditor Name and Address** Value of the **Describe the Property** Date property Explain what happened 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? Yes. Fill in the details. **Creditor Name and Address** Describe the action the creditor took Date action was Amount taken 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? Nο П Yes

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Debtor 1 Vestel Angela Whittle

Par	t 5: List Certain Gifts and Contributions			
13.	Within 2 years before you filed for bankrupte  ■ No  □ Yes. Fill in the details for each gift.	cy, did you give any gifts with a total value of more t	han \$600 per person	?
	Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
	Person to Whom You Gave the Gift and Address:			
14.	No No	cy, did you give any gifts or contributions with a tota	al value of more than	\$600 to any charity?
	☐ Yes. Fill in the details for each gift or contributions to charities that tota more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)		Dates you contributed	Value
Par	t 6: List Certain Losses			
15.	Within 1 year before you filed for bankruptc; or gambling?  No Yes. Fill in the details.	y or since you filed for bankruptcy, did you lose any	thing because of the	t, fire, other disaster,
	Describe the property you lost and how the loss occurred	scribe any insurance coverage for the loss slude the amount that insurance has paid. List pending urance claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost
Par	t 7: List Certain Payments or Transfers			
16.	consulted about seeking bankruptcy or prej	y, did you or anyone else acting on your behalf pay or baring a bankruptcy petition? arers, or credit counseling agencies for services require		rty to anyone you
	□ No			
	Yes. Fill in the details.			
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
	Joseph E. Mitchell, III, P.C. Post Office Box 2504 Augusta, GA 30903-2504 mitchellje@bellsouth.net Ernest Whittle - father	Attorney Fees	06/28/18	\$1,190.00
17.	Within 1 year before you filed for bankruptc promised to help you deal with your credito Do not include any payment or transfer that you		or transfer any prope	rty to anyone who
	■ No □ Yes. Fill in the details.			
	Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment

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Case number (if known) Document

Debtor 1 Vestel Angela Whittle

18.	Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?  Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.  No  Yes. Fill in the details.										
	Person Who Received Transfer Address  Person's relationship to you	Description and v		payme	be any property or ents received or debts a exchange	Date transfer was made					
19.	Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a										
	beneficiary? (These are often called asset-protection devices.)  ■ No  ■ Yes. Fill in the details.										
	Name of trust	Description and value of the property transferred				Date Transfer was made					
Par	rt 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units										
20.	<del></del>										
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument		Date account was closed, sold, moved, or transferred	Last balance before closing or transfer					
21.	Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?										
	■ No □ Yes. Fill in the details.										
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, S State and ZIP Code)		Describe t	the contents	Do you still have it?					
22.	Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?										
	■ No □ Yes. Fill in the details.										
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or h to it? Address (Number, S State and ZIP Code)		Describe the contents		Do you still have it?					
Par	t 9: Identify Property You Hold or Control f	or Someone Else									
23.	Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.										
	■ No □ Yes. Fill in the details.										
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the prop (Number, Street, City, S Code)		Describe the property		Value					
Par	t 10: Give Details About Environmental Info	rmation									
For	the purpose of Part 10, the following definitio	ns apply:									

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or

page 5

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Case number (if known) Document

Debtor 1 **Vestel Angela Whittle** 

> toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.

- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.

	hazardous material means anything an environmental law defines as a nazardous waste, nazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.									
Rep	oort all notices, releases, and proceedings that y	ou know about, regardless of when	n they	y occurred.						
24.	Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?									
	■ No □ Yes. Fill in the details.									
	Name of site Address (Number, Street, City, State and ZIP Code)			Environmental law, if you know it	Date of notice					
25.	Have you notified any governmental unit of any release of hazardous material?									
	■ No □ Yes. Fill in the details.									
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)		Environmental law, if you know it	Date of notice					
26.	Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.									
	■ No □ Yes. Fill in the details.									
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)		ure of the case	Status of the case					
Pai	rt 11: Give Details About Your Business or Co	nnections to Any Business								
27.	Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?									
	☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time									
	☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)									
	☐ A partner in a partnership									
	☐ An officer, director, or managing executive of a corporation									
	☐ An owner of at least 5% of the voting or equity securities of a corporation									
	■ No. None of the above applies. Go to Part 12.									
	☐ Yes. Check all that apply above and fill in the details below for each business.									
		scribe the nature of the business								
	Address (Number, Street, City, State and ZIP Code)	ame of accountant or bookkeeper	of accountant or bookkeeper		Do not include Social Security number or ITIN.  Dates business existed					
28.	Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.									
	■ No									
	Yes. Fill in the details below.									
	Name Address (Number, Street, City, State and ZIP Code)	ate Issued								

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I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.

18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Vestel Angela Whittle

Vestel Angela Whittle

Signature of Debtor 2

Date

Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

No

Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

No

☐ Yes. Name of Person \_\_\_\_\_. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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Fill in this inform	Fill in this information to identify your case:				
Debtor 1	Vestel Angela Whittle				
Debtor 2 (Spouse, if filing)					
United States B	ankruptcy Court for the: District of South Carolina				
Case number (if known)					

Check as directed in lines 17 and 21:						
According to the calculations required by this Statement:						
	1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).					
	2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).					
	3. The commitment period is 3 years.					
	4. The commitment period is 5 years.					

☐ Check if this is an amended filing

### Official Form 122C-1

### **Chapter 13 Statement of Your Current Monthly Income** and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

#### Part 1: Calculate Your Average Monthly Income 1. What is your marital and filing status? Check one only. ☐ Not married. Fill out Column A, lines 2-11. ■ Married. Fill out both Columns A and B. lines 2-11. Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space. Column A Column B Debtor 1 Debtor 2 or non-filing spouse 2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all 0.00 6,979.22 payroll deductions). Alimony and maintenance payments. Do not include payments from a spouse if 0.00 0.00 Column B is filled in. 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments 0.00 0.00 you listed on line 3. 5. Net income from operating a business, Debtor 1 profession, or farm \$ 0.00 Gross receipts (before all deductions) 0.00 Ordinary and necessary operating expenses 0.00 Copy here -> \$ 0.00 0.00 Net monthly income from a business, profession, or farm \$ 6. Net income from rental and other real property Debtor 1 0.00 \$ Gross receipts (before all deductions) -\$ 0.00 Ordinary and necessary operating expenses 0.00 0.00 Copy here -> \$ 0.00

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

\$

Net monthly income from rental or other real property

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**Vestel Angela Whittle** Debtor 1 Case number (if known) Column A Column B Debtor 1 Debtor 2 or non-filing spouse 0.00 0.00 7. Interest, dividends, and royalties 8. Unemployment compensation 0.00 0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you\_\_\_\_\_ 0.00 For your spouse 0.00 9. Pension or retirement income. Do not include any amount received that was a 0.00 0.00 benefit under the Social Security Act. 10, Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the 0.00 0.00 0.00 0.00 Total amounts from separate pages, if any. \$ 0.00 0.00 11. Calculate your total average monthly income. Add lines 2 through 10 for 6,979.22 0.00 6,979.22 each column. Then add the total for Column A to the total for Column B. Total average monthly income Part 2: **Determine How to Measure Your Deductions from Income** 12. Copy your total average monthly income from line 11. 6.979.22 13. Calculate the marital adjustment. Check one: ☐ You are not married. Fill in 0 below. You are married and your spouse is filing with you. Fill in 0 below. You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. +\$ 0.00 0.00 Copy here=> 6,979.22 14. Your current monthly income. Subtract line 13 from line 12. 15. Calculate your current monthly income for the year. Follow these steps: 6,979.22 15a. Copy line 14 here=> Multiply line 15a by 12 (the number of months in a year). **x** 12 83,750.64 15b. The result is your current monthly income for the year for this part of the form.

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**Vestel Angela Whittle** Debtor 1 Case number (if known) 16. Calculate the median family income that applies to you. Follow these steps: SC 16a. Fill in the state in which you live. 16b. Fill in the number of people in your household. 3 16c. Fill in the median family income for your state and size of household. 61.473.00 \$ To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 17. How do the lines compare? Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, Disposable income is not determined under 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NOT fill out Calculation of Your Disposable Income (Official Form 122C-2). Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, Disposable income is determined under 11 U.S.C. § 17b. 1325(b)(3). Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form 122C-2). On line 39 of that form, copy your current monthly income from line 14 above. Part 3: Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4) 18. Copy your total average monthly income from line 11. 6.979.22 19. Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13. 0.00 19a. If the marital adjustment does not apply, fill in 0 on line 19a. 6,979.22 19b. Subtract line 19a from line 18. \$ 20. Calculate your current monthly income for the year. Follow these steps: 6,979.22 20a. Copy line 19b Multiply by 12 (the number of months in a year). **x** 12 83,750.64 \$ 20b. The result is your current monthly income for the year for this part of the form 61,473.00 20c. Copy the median family income for your state and size of household from line 16c \$ 21. How do the lines compare? Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, The commitment period is 3 years. Go to Part 4. Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, The commitment period is 5 years. Go to Part 4. Part 4: Sign Below By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct. X /s/ Vestel Angela Whittle **Vestel Angela Whittle** Signature of Debtor 1 Date June 28, 2018 MM / DD / YYYY If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

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Fill in	this informat	tion to identify	our case	e:											
Debto	r 1 <b>Ve</b> s	stel Angela W	hittle												
Dobto															
Debto (Spou	se, if filing)														
Ороц	30, ii iiiiig <i>j</i>														
United	l States Bankr	uptcy Court for t	ne: Dist	rict of South	h Carolina	a									
Case	number									_					
(if kno	wn)									☐ Che	eck if th	nis is a	n amen	ded f	iling
Officia	I Form 122C-2	2													
Cha	pter 13	Calculat	on of	Your	Disp	osab	ole Ir	ncon	ne						04/16
		you will need y (Official Form		oleted cop	y of <i>Chap</i>	pter 13 S	Stateme	ent of Yo	our Curre	ent Monti	hly Inco	me an	d Calcul	ation	of
space	is needed, att	accurate as po tach a separate rite your name	sheet to	this form,	Include to	he line n									
Part 1	Calcula	te Your Deduct	ons from	Your Inco	ome										
the	questions in	enue Service (I lines 6-15. To f also be availab	nd the IR	S standar	ds, go on	line usir									
exp	enses if they a	se amounts set are higher than the oot deduct any a	ne standa	ds. Do not	include a	ny opera	ating exp	penses t	hat you s	ubtracted	I from in	come i			
If yo	our expenses of	differ from month	to month	, enter the	average e	expense.									
Not	e: Line numbe	rs 1-4 are not us	ed in this	form. Thes	e number	rs apply t	to inforn	nation re	equired by	/ a simila	r form u	sed in (	chapter 7	case	s.
5.	The number	of people used	in deter	mining you	ur deduct	tions fro	m inco	me							
	plus the num	mber of people value of any addition of any addition of people in your	onal depe	ndents who								:	3		
Nat	ional Standar	r <b>ds</b> You	ı must use	e the IRS N	lational St	tandards	to ansv	wer the c	questions	in lines 6	-7.				
6.		i <b>ng, and other i</b> Il in the dollar ar						d in line s	5 and the	IRS Nati	onal		\$		1,384.00
7.	the dollar am	et health care a nount for out-of-pare 65 or olderl his IRS amount,	ocket hea because o	lth care. Th Ider people	he numbe e have a h	er of peop nigher IRS	olé is sp S allowa	olit into tv ance for	vo catego	riespeo	ple who	are ur	ıder 65 aı	nd	

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Page 41 of 54 Document **Vestel Angela Whittle** Debtor 1 Case number (if known) People who are under 65 years of age 7a. Out-of-pocket health care allowance per person 7b. Number of people who are under 65 3 7c. Subtotal. Multiply line 7a by line 7b. 156.00 Copy here=> 156.00 People who are 65 years of age or older 7d. Out-of-pocket health care allowance per person 114 7e. Number of people who are 65 or older 0 7f. Subtotal. Multiply line 7d by line 7e. 0.00 0.00 Copy here=> 7g. **Total.** Add line 7c and line 7f 156.00 156.00 Copy total here=> Local Standards You must use the IRS Local Standards to answer the questions in lines 8-15. Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts: Housing and utilities - Insurance and operating expenses Housing and utilities - Mortgage or rent expenses To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office. Housing and utilities - Insurance and operating expenses: Using the number of people you entered in line 5, fill 623.00 in the dollar amount listed for your county for insurance and operating expenses. Housing and utilities - Mortgage or rent expenses: 9a. Using the number of people you entered in line 5, fill in the dollar amount 854.00 listed for your county for mortgage or rent expenses. 9b. Total average monthly payment for all mortgages and other debts secured by your home. To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60. Name of the creditor Average monthly payment Mr Cooper 965.99 Сору Repeat this amount 965.99 965.99 9b. Total average monthly payment here=> on line 33a. 9c. Net mortgage or rent expense. Subtract line 9b (total average monthly payment) from line 9a (mortgage Copy 0.00 0.00 or rent expense). If this number is less than \$0, enter \$0. here=>

10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim.

0.00

Explain why:

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ebtor 1	Vestel Angela Whittle	Case number (if known)					
11.	Local transportation expenses: Check the number of veh	nicles for whic	h you claim a	an ownersh	ip or operating	g expense.	
	□ 0. Go to line 14.						
	☐ 1. Go to line 12.						
	■ 2 or more. Go to line 12.						
12.	<b>Vehicle operation expense:</b> Using the IRS Local Standard operating expenses, fill in the <i>Operating Costs</i> that apply for						392.00
13.	<b>Vehicle ownership or lease expense:</b> Using the IRS Local You may not claim the expense if you do not make any loan more than two vehicles.						
Vel	hicle 1 Describe Vehicle 1: 1998 Ford Explorer XL	L 186,000 m	iles				
13a.	Ownership or leasing costs using IRS Local Standard			\$	497.00		
13b.	Average monthly payment for all debts secured by Vehicle	1.					
	Do not include costs for leased vehicles.						
	To calculate the average monthly payment here and on line are contractually due to each secured creditor in the 60 mor bankruptcy. Then divide by 60.			t			
	Name of each creditor for Vehicle 1	Average i payment	monthly				
	Auto Money	\$	7.73				
	Total Average Monthly Payment	\$	7.73	Copy here =>	-\$	Repeat this amount on line 33b.	
13c.	Net Vehicle 1 ownership or lease expense					Copy net Vehicle 1	
	Subtract line 13b from line 13a. if this number is less than \$	60, enter \$0		\$	489.27	expense here => \$	489.27
Vel	hicle 2 Describe Vehicle 2: 2017 Nissan Rogue SI vehicle purchased 03/		nterest w/l	Debtor's F	ather;		
13d.	Ownership or leasing costs using IRS Local Standard			\$	497.00		
13e.	Average monthly payment for all debts secured by Vehicle 2 leased vehicles.	2. Do not incl	ude costs for	r			
	Name of each creditor for Vehicle 2	Average i payment	monthly				
	Santander Consumer USA	\$	560.65				
	Total average monthly payment	\$	560.65	Copy here => -\$	560.6	Repeat this amount on line 33c.	
13f.	Net Vehicle 2 ownership or lease expense					Copy net	
	Subtract line 13e from line 13d. if this number is less than \$	0, enter \$0		\$	0.00	Vehicle 2 expense here => \$	0.00
14.	Public transportation expense: If you claimed 0 vehicles Public Transportation expense allowance regardless of					n the \$	0.00
15.	Additional public transportation expense: If you claimed also deduct a public transportation expense, you may fill in not claim more than the IRS Local Standard for <i>Public Trans</i> .	what you beli					0.00

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Debtor 1 Vestel Angela Whittle Case number (if known)

	er Necessary Expenses	In addition to the expens the following IRS category		s listed above	, you are allowed your monthly expenses	s for	
16.	<b>Taxes:</b> The total monthly a self-employment taxes, so your pay for these taxes. H and subtract that number find the point include real estate,	\$	1,274.32				
17.	<b>Involuntary deductions:</b> The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs.						
	· · · · · · · · · · · · · · · · · · ·		job, such a	s voluntary 40	01(k) contributions or payroll savings.	\$	60.05
18.	filing together, include payr	ments that you make for your life insurance on your de	our spouse's	s term life insu	e insurance. If two married people are irance. g spouse's life insurance, or for any form	\$	52.94
19.	Court-ordered payments: administrative agency, suc Do not include payments o	n as spousal or child supp	ort paymen	ts.	by the order of a court or  You will list these obligations in line 35.	\$	0.00
20.	Education: The total mont  as a condition for your j	, , , ,	or education	that is either	required:		
	_		lent child if r	no public educ	ation is available for similar services.	\$	0.00
21.					sitting, daycare, nursery, and preschool.	\$	0.00
22.	Do not include payments for any elementary or secondary school education.  2. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.  Payments for health insurance or health savings accounts should be listed only in line 25.						0.00
23.	3. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted.					+\$_	0.00
	4. Add all of the expenses allowed under the IRS expense allowances.						
24.		llowed under the IRS ex	pense allov	wances.		\$	4,431.58
	Add all of the expenses a Add lines 6 through 23. litional Expense Deduction	ns These are additiona	al deductions	s allowed by tl	he Means Test. s listed in lines 6-24.	\$	4,431.58
Add	Add lines 6 through 23.  litional Expense Deduction  Health insurance, disabil	These are additiona  Note: Do not include  ity insurance, and health	al deductions e any exper	s allowed by the see allowances count exper			4,431.58
Add	Add lines 6 through 23.  litional Expense Deduction  Health insurance, disabilinsurance, disability insurance	These are additiona  Note: Do not include  ity insurance, and health	al deductions e any exper	s allowed by the see allowances count exper	s listed in lines 6-24.  ses. The monthly expenses for health		4,431.58
Add	Add lines 6 through 23. litional Expense Deduction  Health insurance, disabil insurance, disability insura your dependents.	These are additiona  Note: Do not include  ity insurance, and health	al deductions e any exper n savings accounts that	s allowed by these allowances ccount exper	s listed in lines 6-24.  ses. The monthly expenses for health		4,431.58
Add	Add lines 6 through 23.  litional Expense Deduction  Health insurance, disabil insurance, disability insura your dependents.  Health insurance	These are additiona  Note: Do not include  ity insurance, and health	al deductions e any exper n savings accounts that	s allowed by the see allowances ccount experience are reasonable 486.12	s listed in lines 6-24.  ses. The monthly expenses for health		4,431.58
Add	Add lines 6 through 23.  litional Expense Deduction  Health insurance, disability insural your dependents.  Health insurance  Disability insurance	These are additiona  Note: Do not include  ity insurance, and health	al deduction: e any exper n savings a ccounts that	s allowed by the seallowances allowances are reasonabed 486.12	s listed in lines 6-24.  ses. The monthly expenses for health		4,431.58
Add	Add lines 6 through 23.  litional Expense Deduction  Health insurance, disability insura your dependents.  Health insurance  Disability insurance  Health savings account	These are additiona Note: Do not include ity insurance, and health nce, and health savings action total amount?	al deduction: e any exper n savings a ccounts that  \$ \$ + \$	s allowed by the seallowances allowances are reasonabed.  486.12  0.00  0.00	s listed in lines 6-24.  nses. The monthly expenses for health bly necessary for yourself, your spouse, o	or	
Add	Add lines 6 through 23.  litional Expense Deduction  Health insurance, disability insural your dependents.  Health insurance  Disability insurance  Health savings account  Total  Do you actually spend this	These are additiona Note: Do not include ity insurance, and health nce, and health savings action total amount?	al deduction: e any exper n savings a ccounts that  \$ \$ + \$	s allowed by the seallowances allowances are reasonabed.  486.12  0.00  0.00	s listed in lines 6-24.  nses. The monthly expenses for health bly necessary for yourself, your spouse, o	or	
Add: 25.	Add lines 6 through 23.  Ilitional Expense Deduction  Health insurance, disability insurance, disability insurance your dependents.  Health insurance  Disability insurance  Health savings account  Total  Do you actually spend this  No. How much do your yes  Continued contributions continue to pay for the reas	These are additiona Note: Do not include ty insurance, and health note, and health savings activated amount? The count actually spend?	al deduction: e any exper n savings a ccounts that  \$  + \$ \$  I or family I re and supp who is unab	s allowed by the seallowances allowances are reasonable 486.12 0.00 0.00 486.12 members. The ort of an elder ole to pay for s	copy total here=>  e actual monthly expenses that you will rly, chronically ill, or disabled member of such expenses. These expenses may	or	
25. 26.	Add lines 6 through 23.  Ilitional Expense Deduction  Health insurance, disability insurance, disability insurance your dependents.  Health insurance  Disability insurance  Health savings account  Total  Do you actually spend this  No. How much do your yes  Continued contributions continue to pay for the reasyour household or member include contributions to an  Protection against family	These are additiona Note: Do not include ity insurance, and health nee, and health savings are total amount? Tou actually spend?  To the care of household conable and necessary care of your immediate family account of a qualified ABL violence. The reasonably	al deduction: e any exper n savings a ccounts that  \$  + \$ \$ d or family if re and supp who is unab LE program. y necessary	s allowed by the seal of the s	copy total here=>  e actual monthly expenses that you will rly, chronically ill, or disabled member of such expenses. These expenses may	or \$	486.12

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ebtor 1	Vestel Angela Whittle	Case number	r ( <i>if known</i> )				
	Additional home energy costs. Your hom line 8.	e energy costs are included in your insurance and o	perating e	expenses	on		
	If you believe that you have home energy of 8, then fill in the excess amount of home er	osts that are more than the home energy costs inclu- ergy costs	ded in exp	oenses o	n line		
	You must give your case trustee document amount claimed is reasonable and necessa	ation of your actual expenses, and you must show th	at the add	ditional		\$	0.00
	Education expenses for dependent child \$160.42* per child) that you pay for your depublic elementary or secondary school.	ren who are younger than 18. The monthly expensions pendent children who are younger than 18 years old	ses (not n I to attend	nore than a private	e or		
	You must give your case trustee document claimed is reasonable and necessary and r	ation of your actual expenses, and you must explain ot already accounted for in lines 6-23.	why the a	mount			
	* Subject to adjustment on 4/01/19, and eve	ery 3 years after that for cases begun on or after the	date of a	djustmen	t.	\$	0.00
	Additional food and clothing expense. The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards.						
		ional allowance, go online using the link specified in so be available at the bankruptcy clerk's office.	the separ	ate			
	You must show that the additional amount	claimed is reasonable and necessary.				\$	0.00
	Continuing charitable contributions. The instruments to a religious or charitable orga	amount that you will continue to contribute in the for nization. 11 U.S.C. § 548(d)(3) and (4).	rm of casl	n or finan	cial		
	Do not include any amount more than 15%	of your gross monthly income.				\$	0.00
	2. Add all of the additional expense deductions. Add lines 25 through 31.						486.12
Dedu	uctions for Debt Payment						
	or debts that are secured by an interest pans, and other secured debt, fill in lines	in property that you own, including home mortga	ages, veh	icle			
Т	o calculate the total average monthly paym	ent, add all amounts that are contractually due to ea	ch secure	d			
Ci	reditor in the 60 months after you file for ba Mortgages on your home	ikrupicy. Then aivide by 60.					e monthly
33a.	Copy line 9b here					payme \$	965.99
	Loans on your first two vehicles						
33b.	Conviling 12h hara			:	=>	\$	7.73
33c.					=>	\$	560.65
	List other secured debts:					<b>-</b>	
33d. Name	e of each creditor for other secured debt	Identify property that secures the debt	inclu	s payme ude taxes surance	;		
				No			
	-NONE-			Yes	9	6	
					,		
				No			
			_ 🗆	Yes	,	<b>.</b>	
				No			
				Yes	+ (	\$	
			_				
33e	Total average monthly payment. Add lines	\$ 33a through 33d \$	1,534	1 37	Copy total here=>	. \$_	1,534.37

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otor 1	Vest	el Angela Whittle			Case r	number (if known)		
		debts that you listed in li property necessary for y						
	□ No.	Go to line 35.						
	Yes.	State any amount that you listed in line 33, to keep p Next, divide by 60 and fill	ossession of your property					
Nam	ne of the	creditor	Identify property that se	cures the deb	T	otal cure amount	Month	nly cure
Mr	Coope	er	2874 Pine Log Roa 29851 Aiken Coun Joint w/Former Spo Debtor) debtor's residence purchased 10/01/20 Tax ID #052-12-03-0	ty ouse (awar ; property 001;		12,200.00	÷ 60 = \$ ÷ 60 = \$	203.33
							÷ 60 = +\$	
					Total		Copy	203.3
					Total \$	203.33	here=> \$	
_	<b>-</b> 100.		uch as those you listed in li	ne 19.		0.00	÷60 \$	0.0
36. <b>P</b>	rojecte	d monthly Chapter 13 pla	n payment		\$			
th T se	Office of the Exect of find a line eparate in	nultiplier for your district as the United States Courts (f utive Office for United State ist of district multipliers that inc nstructions for this form. This li monthly administrative exp	or districts in Alabama and es Trustees (for all other di ludes your district, go online us st may also be available at the	North Caroli stricts).	na) or by X ecified in the	\$	Copy total here=> \$	
		of the deductions for del es 33e through 36.	ot payment.				\$_	1,737.70
Total	l Deduc	tions from Income						
38. <b>A</b>	Add all o	of the allowed deductions						
		ne 24, All of the expenses a e allowances	allowed under IRS	\$	4,431.58			
	Copy lin	ne 32, All of the additional e		\$	486.12			
	Copy lin	ne 37, All of the deductions	for debt payment	+\$	1,737.70	_		
	Total da	eductions		\$	6,655.40	Copy total here=>	· \$	6,655.4

ebtor 1	Vestel Angela	a Whittle		Case	numb	er (if known)		
Part 2:	Determine Yo	our Disposable Income Under	11 U.S.C. § 1325(k	o)(2)				
		rrent monthly income from li		•			\$	6,979.22
<b>ch</b> dis red	ildren. The mont sability payments beived in accorda	bly necessary income you red hly average of any child suppor for a dependent child, reported nce with applicable nonbankrup pended for such child.	t payments, foster of in Part I of Form 12	care payments, or 22C-1, that you	\$	0	.00_	
en in	nployer withheld f	retirement deductions. The m rom wages as contributions for b)(7) plus all required repaymen C. § 362(b)(19).	qualified retirement	plans, as specified	\$	360	.00	
42. <b>To</b>	tal of all deducti	ions allowed under 11 U.S.C.	§ 707(b)(2)(A). Cop	y line 38 here=>	\$	6,655	.40	
ex the	penses and you heir expenses. You	cial circumstances. If special chave no reasonable alternative, a must give your case trustee a documentation for the expenses	describe the special detailed explanation	al circumstances and	d			
Descr	ibe the special c	circumstances		Amount of exper	nse			
	adjust for red	ruitment bonus		\$	.00			
				\$				
				\$				
			Total \$_	500.00	Cop	oy e=>\$	500.00	
44. <b>To</b>	tal adjustments	. Add lines 40 through 43.		=>  \$	i	7,515.40	Copy here=> -\$	7,515.40
45. <b>C</b> a	•	nthly disposable income und	<b>er § 1325(b)(2).</b> Su	btract line 44 from lir	ne 39	).	\$	-536.18
ha tim yo	ve changed or ar ne your case will b u filed your petition	or expenses. If the income in le virtually certain to change afte oe open, fill in the information bon, check 122C-1 in the first colul in when the increase occurred	er the date you filed elow. For example, umn, enter line 2 in	your bankruptcy pet if the wages reported the second column,	tition d inc	and during the reased after		
Form	Line	Reason for change		Date of change		Increase or decrease?	Amount of cha	inge
☐ 122 ☐ 122 ☐ 122 ☐ 122 ☐ 122	C-2 C-1 C-2 C-1				_	☐ Increase ☐ Decrease ☐ Increase ☐ Decrease ☐ Increase ☐ Increase	\$	
☐ 122 ☐ 122	C-1				_	☐ Decrease☐ Increase☐ □	\$	
<b>1</b> 22	C-2				_	Decrease	\$	

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Debtor 1	Vestel Angela Whittle	Case number (if known)	
Part 4:	Sign Below		
E	By signing here, under penalty of perjury you declare that the information	ation on this statement and in any attachments is true and correct.	
-	/s/ Vestel Angela Whittle Vestel Angela Whittle Signature of Debtor 1		
_	June 28, 2018 MM / DD / YYYY		

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 18-03282-hb Doc 1 Filed 06/28/18 Entered 06/28/18 15:35:25 Desc Main Document Page 52 of 54

B2030 (Form 2030) (12/15)

### United States Bankruptcy Court District of South Carolina

In r	e Vestel Angela Whittle		Case No.					
		Debtor(s)	Chapter	13				
	DISCLOSURE OF CO	OMPENSATION OF ATTORNE	EY FOR DI	EBTOR(S)				
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:							
	For legal services, I have agreed to accep	ot	\$	4,000.00				
	Prior to the filing of this statement I have received		\$	1,190.00				
			\$	2,810.00				
2.	The source of the compensation paid to me was:							
	☐ Debtor ☐ Other (specify):	father - Ernest Whittle						
3.	The source of compensation to be paid to me i	is:						
	☐ Debtor ■ Other (specify):	Balance through Trustee						
4.	■ I have not agreed to share the above-discle	I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.						
		I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.						
5.	In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:							
	b. Preparation and filing of any petition, sche	, and rendering advice to the debtor in determinedules, statement of affairs and plan which may g of creditors and confirmation hearing, and any	be required;					
6.	adversary proceedings, 362 mg	sclosed fee does not include the following servotions, motions to dismiss, items on Extother fees pursuant to Operating Order	nibit A signed					
		CERTIFICATION						
this	I certify that the foregoing is a complete stater bankruptcy proceeding.	ment of any agreement or arrangement for payr	ment to me for r	epresentation of the debtor(s)	) in			
	June 28, 2018	/s/ Joseph E. Mitchell	, III					
Date		Joseph E. Mitchell, III Signature of Attorney						
		Joseph E. Mitchell, III	, P.C.					
		Post Office Box 2504	- 					
		Augusta, GA 30903-29 706-826-1808 Fax: 70						
		mitchellje@bellsouth.						
		Name of law firm						

### LOCAL OFFICIAL FORM 1007-1(b) TO SC LBR 1007-1

## **United States Bankruptcy Court District of South Carolina**

In re	vestei Angeia whittie		Case No.				
	-	Debtor(s)	Chapter	13			
CERTIFICATION VERIFYING CREDITOR MATRIX							

The above named debtor, or attorney for the debtor if applicable, hereby certifies pursuant to South Carolina Local Bankruptcy Rule 1007-1 that the master mailing list of creditors submitted either on computer diskette, electronically filed via CM/ECF, or conventionally filed in a typed hard copy scannable format which has been compared to, and contains identical information to, the debtor's schedules, statements and lists which are being filed at this time or as they currently exist in draft form.

	Master mailing list of creditors submitted via:		
	(a) computer diskette		
	(b) scannable hard copy (number of sheets submitted		
(c) X electronic version filed via CM/ECF			
Date:	June 28, 2018	/s/ Vestel Angela Whittle	
		Vestel Angela Whittle	
		Signature of Debtor	
Date:	June 28, 2018	/s/ Joseph E. Mitchell, III	
		Signature of Attorney	
		Joseph E. Mitchell, III	
		Joseph E. Mitchell, III, P.C.	
		Post Office Box 2504	
		Augusta, GA 30903-2504 706-826-1808 Fax: 706-826-7959	
		Typed/Printed Name/Address/Telephone	
		Typed/Timed Name/Address/Telephone	
		6115 SC	
		District Court I.D. Number	

AUTO MONEY 1504 RICHLAND AVENUE AIKEN SC 29801

ERNEST WHITTLE
208 LAUREL DRIVE
GRANITEVILLE SC 29829

INTERNAL REVENUE SERVICE CENTRALIZED INSOLVENCY OPERATIONS PO BOX 7346 PHILADELPHIA PA 19101-7346

JESSEY LEE FRESHOUR 348 HANKINS DR APT 6 MARION NC 28752

MR COOPER
FKA NATIONSTAR MORTGAGE
8950 CYPRESS WATERS BLVD
COPPELL TX 75019

MR COOPER C/O FINKEL LAW FIRM PO BOX 71727 NORTH CHARLESTON SC 29415

NELNET LOAN SERVICES P O BOX 2970 OMAHA NE 68103

SANTANDER CONSUMER USA ATTN BANKRUPTCY DEPT PO BOX 961245 FORT WORTH TX 76161-1245

SC DEPT OF REVENUE PO BOX 125 COLUMBIA SC 29214

WALDEN UNIVERSITY 100 S WASHINGTON AVE #900, MINNEAPOLIS, STE 900 MINNEAPOLIS MN 55401